

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

for the  
Southern District of Florida.

\_\_\_\_ Division

Julia Robinson

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Zantac manufacturer  
Re:  
Zantac Product Liability

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

MD 2 NO. 2924

(to be filled in by the Clerk's Office)

case# 20-MD-2924

Jury Trial: (check one)



Yes



No

FILED BY cos D.C.

JUL 26 2022

ANGELA E. NOBLE  
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S.D. OF FLA. - W.P.B.

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Julia Robinson

Street Address

1150 BRIGHTON BEACH AVE

City and County

BROOKLYN NY

State and Zip Code

NY11235

Telephone Number

mob. 6479818303

E-mail Address

deniza3@outlook.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

*NO*

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* Julia ROBINSON, is a citizen of the  
State of *(name)* Julia ROBINSON

**b. If the plaintiff is a corporation**

The plaintiff, *(name)* \_\_\_\_\_, is incorporated  
under the laws of the State of *(name)* \_\_\_\_\_,  
and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, *(name)* \_\_\_\_\_, is a citizen of  
the State of *(name)* \_\_\_\_\_. Or is a citizen of  
*(foreign nation)* \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

*How does one measure in financial way the damages which allegedly may have cost cancer, emotional distress, surgeries costs, life threatening conditions of having been diagnosed with cancer, only because I have used a drug Zantac which allegedly was determined later as a cancer causing product.*

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

*From 1983 till 2019 I have bought Brand Zantac over the counter. In 2015 I was diagnosed with colorectal/intestinal invasive ascending colon adenocarcinoma in 2016 underwent colorectal surgery, followed by complications of ileus surgery, abdominal nerve damage, abdominal deformity. This all could have been avoided if not for the adenocarcinoma cancer polyps removal and its consequences, allegedly connected to Zantac use.*

## IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

July 21, 2022

Signature of Plaintiff

Printed Name of Plaintiff

J. Robinson  
Julia ROBINSON

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

July 21 , 2022

COVER LETTER  
RE: COMPLAINT FOR A CIVIL CASE

TO WHOM IT MAY CONCERN,

I, JULIA ROBINSON , residing at 1150 BRIGHTON BEACH AVENUE APT 2Y BROOKLYN NY 11235  
Mobile phone # 647 9818303 email :deniza3@outlook.com

I Am 78 ears old , am retired senior UNITED STATES CITIZEN .

I am submitting my COMPLAINT FOR A CIVIL CASE to request the court to assist me in resolving  
my Claim against Zantac Manufacture For Product liability.

My use of Zantac for many years , since 1983 , allegedly may have caused my  
colorectal/intestinal

Invasive Adeno Carcinoma Cancer Polyp in my ascending colon, which lead to other all the  
health consequences and expenses . I stopped using Zantac in 2019 and like many unaware  
users of Zantac,

I have not been aware until 2019 , that Zantac was found by medical community as a Cancer  
causing .

Product

As it is stated in CIVIL CASE COMPAINT FORM, paragraph V Certification and Closing ,  
I to the best of my knowledge , I file this complaint " not for an improper purpose , such as  
bases to harass, cause unnecessary delay ,or needlessly increase the cost of litigation...." or  
other reasons outlined it this paragraph , but to present on my own Complaint For a Civil Case  
in order to be helped by the court to resolve my Claim against Zantac Manufacturer Re Zantac  
Product Liability .

The reason I file my COMPLAINT FOR A CIVIL CASE with Southern District of Florida, is because  
originally Levin Papantonio Rafferty , a law firm which no longer represents my case , originally  
filed it with the Southern district of Florida under CASE MD NO.2924

*Case #* 20 -MD-2924

!!! Please take into an account that any mistakes , that I might have made in answering some of  
the paragraphs in this COMPLAINT FOR A CIVIL CASE , are because I am not an attorney ,and at  
the present am unrepresented by any attorney and am not sure how to answer some of the  
question .

The last thing I want to do , by submitting my Civil Complaint to the court of Southern District of  
Florida court ,is to cause myself any liability , or damage my case, or falsely accuse .

I only request the court to assist me in resolving my Claim against Zantac Manufacture For  
Product liability.

Thank you ,

Julia Robinson

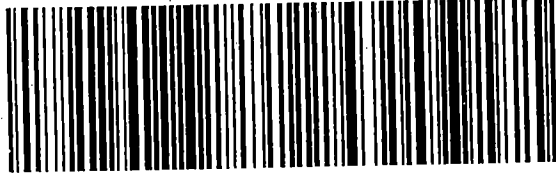


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Sender's Name Nom de l'expéditeur	
Address Adresse	
City Ville	Province Province
CANADA	
2 Your Internal Reference / Votre référence interne	

3 To / Destinataire	
Company Name Nom de la société	Country Pays
Address Adresse	
City Ville	State État
Country Pays	ZIP/Postal Code Code postal
Phone Téléphone	

Origin Station ID N° de la station d'origine	Destination Station ID N° de la station de destination	Forma Atachada Normalmente (para:)
USA	USA	CA

further details.

dans cette enveloppe.

- D'autres conditions s'appliquent. Veuillez consulter les Conditions dans le Guide du service **Priorité<sup>MC</sup> Mondial** actuel (qui contient la liste des articles interdits) ou le verso de l'étiquette d'expédition **Priorité<sup>MC</sup> Mondial** pour obtenir plus de détails.

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